

UNITED STATES DISTRICT COURT

MIDDLE P. A. District of PENNSYLVANIA

BARBARA E. VARNER,
Plaintiff

v.

Commonwealth of Pennsylvania,
Ninth Judicial District, Cumberland
County; Cumberland County;
S. Gareth Graham, individually;
Joseph Osenkarski, individually,
Defendants

CASE NUMBER: 1:01-CV-725
Judge Kane

FILED
HARRISBURG, PA

JUL 31 2001

TO: (Name and address of Defendant)
(SEE COMPLT.)

MARY E. D'ANDREA, CLERK
Per _____ Deputy Clerk

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Debra K. Wallet, Esq.
24 N. 32nd Street
Camp Hill, Pa. 17011

an answer to the complaint which is herewith served upon you, within (20) Twenty days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Mary E. D'Andrea, Clerk

CLERK

George T. Gardner
(By) DEPUTY CLERK George T. Gardner

April 26, 2001

DATE

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

RETURN OF SERVICE OF PROCESS

PLAINTIFF Barbara E. Varner COURT CASE NUMBER 1:CV 01-0725
DEFENDANT Commonwealth of Pennsylvania TYPE OF PROCESS _____
Ninth Judicial District, Cumberland County, et al.
SERVE Ninth Judicial District, Cumberland County, S. Gareth Graham, and Joseph
(Name individual, company; corporation, etc. to be served) Osenkarski
AT mailed on April 30, 2001
(Show Address)

SPECIAL INSTRUCTIONS OR OTHER INFORMATION REGARDING SERVICE _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT:

I have personally served individual, company or corporation above.
 I have made service by mail as authorized by state law to the individual, company or corporation above. Appropriate state law authorizing this type of service is _____ . If certified mail was authorized, attach green cards to this form.

I have legal evidence of service, described under Remarks and attached hereto.
(Domiciliary service, Substituted service.)

I am unable to serve the process. (See Remarks)

NAME OF PERSON SERVED: All listed Defendants.

TITLE (IF ANY) OF PERSON SERVED: _____

ADDRESS WHERE SERVED: _____

DATE AND TIME OF PERSONAL SERVICE: _____

REMARKS: See attached original Waiver of Service forms for all Defendants.

7/30/01

Date

Barbara K. Varner

Signature of Process Server

RETURN THE ORIGINAL OF THIS FORM WITH THE ORIGINAL SUMMONS FORM TO:
OFFICE OF THE CLERK OF COURT, U.S. DISTRICT COURT
(Clerk's address in which the assigned judge is located. Refer to the
Notice of Judicial Assignment form.)

WAIVER OF SERVICE OF SUMMONS

TO: Debra K. Wallet, Esq.

(Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the Commonwealth of Pennsylvania, Ninth Judicial District, Cumberland County, et al. action of Barbara E. Varner vs. District, Cumberland County, et al. which is case number 1:CV 01-0725 in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for the objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after 4/30/01 (date request was sent), or within 90 days after that date if the request was sent outside the United States.

5-29-61

Date _____



John W. M.

Signature

Printed/Typed Name:

PAUL J DELLA SCAFF

Title if any:

Per BX-999

Address:

Harrisburg Pa 17108

For Corporation, if any:

Representing defendant(s) if any:

Cumberland County

WAIVER OF SERVICE OF SUMMONSTO: Debra K. Wallet, Esq.

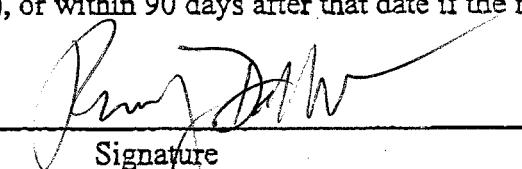
(Name of plaintiff's attorney or pro se plaintiff)

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7-18-01
SignaturePrinted/Typed Name: Paul J. Dellasega

Title if any: _____

Address: Po Box 999Harrisburg PA 17108

For Corporation, if any: _____

Representing defendant(s) if any: Gareth Graham

MAY 30 2001

WAIVER OF SERVICE OF SUMMONS

TO: Debra K. Wallet, Esq.

(Name of plaintiff's attorney or pro se plaintiff)

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5-30-01

Date

Joseph Z. Donahue
Signature

Signature

Printed/Typed Name:

Joseph L. Osenkarski

Title if any:

CHIEF JUVENILE PROBATION OFFICER

Address:

CUMBERLAND COUNTY

For Corporation, if any:

CUMBERLAND COUNTY JUVENILE COURT

Representing defendant(s) if any:

WAIVER OF SERVICE OF SUMMONS

TO: Debra K. Wallet, Esq.

(Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action of Barbara E. Varner vs. Commonwealth of Pennsylvania, Ninth Judicial District, Cumberland County, et al. which is case number 1:CV 01-0725 in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

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6/15/01

Date _____

Konrad H. H. F.

Signature

Printed/Typed Name:

Hawken R. Hough, B.S.

Title if any:

DEPUTY LEGAL COUNSEL

Address:

ADMINISTRATIVE OFFICES OF THE COURTS

1515 MARKET ST, SUITE 1414

PHYSALIS P. 19102

For Corporation, if any:

Representing defendant(s) if any:

NINTH INICIAL DISTRICT